

# Itemized Deductions Detail Worksheet

US Schedule A

Itemized Deduction Detail Worksheet

Name:



SSN:

If you need more worksheets, F9 on the additional worksheet entry in each category below.

## Medical Expenses

Prescription medicines, legally obtained drugs, insulin, doctors, dentists, nurses, eyeglasses, health insurance premiums, transportation for medical treatment, and nonprescription medical supplies, such as crutches. Do not list any amounts paid with pre-tax dollars or reimbursed by insurance, HSA, MSA. Use the \* field to indicate ownership. T for taxpayer, S for spouse, J for joint.

Medical miles: Taxpayer:  0

Spouse:  0

Total:  0 x .24 =  0.

Insurance premiums paid (not pre-tax) health, dental, cancer. Omit amounts used on Form 8885.

Taxpayer  0.

Spouse  0.

Qualified long term care contracts

Enter the amount before limitation.

Taxpayer  0.

Spouse  0.

Taxpayer - limited  0.

Spouse - limited  0.

Other medical expenses \*

0.

0.

0.

0.

0.

Medicare from 1040 worksheet  0.

Remainder from worksheets

Self-employed health insurance

Taxpayer  0.

Spouse  0.

Self-employed long term care

Taxpayer  0.

Spouse  0.

F9 for additional worksheets  0.

Total  0.

## Contributions to Charity

If contributions exceed 20% of the AGI:  0., list each contribution in the proper category below (50%, 30%, etc). Otherwise, the only sort required is cash and other than cash contributions.

Use the \* field to indicate ownership. T for taxpayer, S for spouse, J for joint.

All gifts must be receipted.

## Itemized Deductions Detail Worksheet (continued)

Cash Contributions				
50% Limit Organizations		Charitable miles: Taxpayer: <u>0</u> Spouse: <u>0</u> Total: <u>0</u> x .14 = <u>0.</u>		
Name of charity	*	Amount	Name of charity	Amount
<u>                    </u>	-	<u>0.</u>	<u>                    </u>	<u>0.</u>
<u>                    </u>	-	<u>0.</u>	<u>                    </u>	<u>0.</u>
<u>                    </u>	-	<u>0.</u>	<u>                    </u>	<u>0.</u>
<u>                    </u>	-	<u>0.</u>	From Schedules K-1 .....	<u>0.</u>
<u>                    </u>	-	<u>0.</u>	F9 for additional worksheets ....	<u>0.</u>
<u>                    </u>	-	<u>0.</u>	Total .....	<u>0.</u>
30% Limit Organizations		Charitable miles: Taxpayer: <u>0</u> Spouse: <u>0</u> Total: <u>0</u> x .14 = <u>0.</u>		
Name of charity	*	Amount		Amount
<u>                    </u>	-	<u>0.</u>	From Schedules K-1 .....	<u>0.</u>
<u>                    </u>	-	<u>0.</u>	F9 for additional worksheets ....	<u>0.</u>
<u>                    </u>	-	<u>0.</u>	Total .....	<u>0.</u>
<b>Other Than Cash Contributions</b> Use Form 8283 if this total is more than \$500. <u>0.</u>				
50% Limit Organizations Not capital gain property and the FMV is equal to or less than the cost.				
Name of charity	*	Amount		Amount
<u>                    </u>	-	<u>0.</u>	From Forms 8283 .....	<u>0.</u>
<u>                    </u>	-	<u>0.</u>	F9 for additional worksheets ....	<u>0.</u>
From Schedules K-1 .....	-	<u>0.</u>	Total .....	<u>0.</u>
30% Limit Capital gain property donated to 50% limit organizations.				
<u>                    </u>	-	<u>0.</u>	From Forms 8283 .....	<u>0.</u>
From Schedules K-1 .....	-	<u>0.</u>	Total .....	<u>0.</u>
30% Limit Not capital gain property donated to 30% limit organizations.				
<u>                    </u>	-	<u>0.</u>	From Forms 8283 .....	<u>0.</u>
From Schedules K-1 .....	-	<u>0.</u>	Total .....	<u>0.</u>
20% Limit Capital gain property donated to 30% limit organizations.				
<u>                    </u>	-	<u>0.</u>	From Forms 8283 .....	<u>0.</u>
From Schedules K-1 .....	-	<u>0.</u>	Total .....	<u>0.</u>

**Note:** Enter amounts given by cash or check under Cash Contributions for 50% Limit Organizations. The 30% & 50% refer to the percentage of your AGI that can be deducted this year. See Publication 17 for definitions. Enter the value of noncash items donated under Other Than Cash Contributions from 50% Limit Organizations. Be careful to list them separately. If noncash contributions are greater than \$500 Form 8283 must be completed and this form is **out-of-scope**.